CHAPTER 1. MEDICAL CARE SUPPORT EQUIPMENT (MEDCASE) AND SUPER CAPITAL EXPENSE EQUIPMENT PROGRAM (SuperCEEP) GENERAL INFORMATION

1-1. PURPOSE AND APPLICABILITY

The purpose of this publication is to establish procedures and to implement or clarify policies for the execution of the MEDCASE/SuperCEEP program. It is applicable to all MEDCASE/SuperCEEP program participants worldwide. In cases where the instructions in this publication and a published Army regulation are in conflict, the Army regulation has precedence.

1-2. INTRODUCTION

The MEDCASE/SuperCEEP Program is a centrally managed, Department of the Army (DA)-level program which utilizes DHP, OPD and OMD funds, respectively, for the acquisition of capital investment and high dollar value capital expense equipment for fixed AMEDD Activities worldwide. The program also manages the approval and acquisition of investment equipment requirements that are funded by medical Military Construction (MILCON) Army funds for major medical construction projects.

1-3. RESPONSIBILITIES

a. The U. S. Army Medical Command (USAMEDCOM). The USAMEDCOM is the MEDCASE/SuperCEEP program manager and the proponent of MEDCASE/SuperCEEP program policy. The USAMEDCOM:

(1) Publishes MEDCASE/SuperCEEP program policy.

(2) Develops and defends the MEDCASE/SuperCEEP program budget.

(3) Determines program funding ceilings for RMCs and MSCs.

b. Functional Consultants. The OTSG Clinical Consultants or the TARA team review and provide propriety approval or disapproval for all MEDCASE/SuperCEEP program requirements.

c. The Strategic Technology/Clinical Policies Council (STCPC). The STCPC provides guidance and prioritizes all unfunded MEDCASE/SuperCEEP requirements annually to determine what requirements will be funded in the current year of execution.

d. The Diagnostic Imaging and Radiotherapy Subcommittee (DIRS). The DIRS is a subcommittee of the STCPC. This subcommittee provides recommendations to the STCPC on MEDCASE/SuperCEEP program requirements for diagnostic imaging and radiation therapy equipment.

e. The USAMMA. The USAMMA administers and executes the MEDCASE/SuperCEEP program for the USAMEDCOM, as well as:

(1) Determines the adequacy of MEDCASE Program Requirements (MPRs) and rejects those which are inadequate or which are not eligible for funding through the MEDCASE/SuperCEEP program.

(2) Serves as the proponent for the WebMRE System and provides technical assistance for online access to the WebMRE system for management purposes.

(3) Controls and accounts for MEDCASE/SuperCEEP funds, managed in the WebMRE system, for participating organizations as directed by the USAMEDCOM and maintains funds files within the WebMRE System through the posting of distributions, commitments, and obligations.

(4) As the Service Item Control Center (SICC) for medical materiel, determines the appropriate acquisition source for all MEDCASE/SuperCEEP requirements.

(5) Receives and processes requisitions for MEDCASE/SuperCEEP executions from program participants, and forwards them to the appropriate source of supply for procurement.

(6) Serves as the liaison between program participants and wholesale sources of supply.

(7) Publishes SB 8-75-MEDCASE.

(8) Coordinates with activities of the Defense Logistics Agency (DLA), Army commands, command surgeons and Army Health Care activities in matters relating to MEDCASE/SuperCEEP program management.

(9) Administers the TARA program.

(10) Serves as the functional consultant, appointed by USAMEDCOM, for reviewing and providing propriety approval or disapproval for diagnostic imaging and radiation therapy equipment MPRs.

e. The RMCs and MSCs. The RMCs and MSCs manage the development and execution of MEDCASE/SuperCEEP requirements within their command in accordance with USAMEDCOM policy, and:

(1) Review and approve or disapprove MPRs before they are forwarded to USAMMA.

(2) Develop and publish command guidance for MEDCASE/SuperCEEP program implementation within their command.

(3) Direct the distribution of excess equipment within their command to meet equipment requirements, as appropriate.

(4) Monitor and ensure program execution is in accordance with USAMEDCOM guidance and command goals.

f. MEDCASE/SuperCEEP Program Participants:

(1) Develop equipment requirements consistent with mission needs. Develop equipment requirements for construction/renovation projects in accordance with project milestones and published guidance.

(2) The activity commander shall review and approve or disapprove requirements in accordance with established MEDCASE/SuperCEEP policy and procedures.

(3) Ensure information provided on MPRs is complete and accurate.

(4) Maintain a record of program management decisions regarding prioritization and execution of MPRs prior to the beginning of each Fiscal Year.

(5) Ensure equipment items received are accounted for, installed, maintained and used.

(6) Report and dispose of excess equipment in accordance with AR 40-61 (Medical Logistics Policies) and SB 8-75-11, (Medical Logistics Procedures).

(7) Utilize exchange/trade-in of replacement equipment to the maximum extent possible.

g. The U.S. Army Health Facilities Planning Agency (USAHFPA):

(1) Provides, through the Health Facilities Project Officer assigned to construction projects, assistance to the local Chief of Logistics in the development of equipment requirements to support the project.

(2) Provides propriety review of all Budget Line Item Code (BLIC) "MB" MEDCASE/SuperCEEP requirements.

1-4. DEVIATIONS

Requests for deviation from the procedures stated in this publication should be directed with complete justification through command channels to the

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